



Wisconsin Medicaid Fact Sheet

Presumptive Eligibility for the Family Planning Waiver

What is Presumptive Eligibility (PE) for the Family Planning Waiver?

The Family Planning Waiver (FPW) is a Medicaid program that provides certain family planning services to women between 15 and 44 years of age. Qualified Medicaid providers can find women “presumptively eligible” for this benefit. A woman found “presumptively eligible” can receive covered family planning services immediately, even before she has applied for FPW formally with the local county/tribal social or human services department.

Who Can Help Determine if I am Presumptively Eligible for the Family Planning Waiver?

A “qualified provider” can help determine if you are presumptively eligible. A “qualified provider” is a provider certified by Medicaid to determine presumptive eligibility. Your own doctor may be a qualified provider. You should first call your doctor or provider and ask if he or she can determine your presumptive eligibility for the FPW. If the provider you see is not a “qualified provider,” it is easy to find one. Recipient Services at 1-800-362-3002 can provide you with a list of FPW qualified providers in your area. Qualified providers include:

- Outpatient hospitals
- Physicians
- Rural health clinics
- Nurse practitioners
- Family Planning Clinics
- WIC Providers
- Federally qualified health centers
- Community health centers

What if my Health Care Provider is not a Qualified Provider and I do not Want to Change Health Care Providers to Determine if I am Presumptively Eligible for the Family Planning Waiver?

If your health care provider is not a qualified provider and you do not want to change health care providers to determine if you are presumptively eligible, contact the county/tribal social or human services department, W-2 agency or Medicaid outstation site to help you apply.

How Does the Qualified Provider Help Determine Presumptive Eligibility for the Family Planning Waiver?

The qualified provider will ask for information to determine if you are presumptively eligible for the FPW.

To be found presumptively eligible for the FPW, you must:

- Be a U.S. citizen;
- Be a Wisconsin resident;
- Be between 15 and 44 years of age (including women 15 and 44 years of age);
- Not be receiving Medicaid; and
- Have a family gross income that does not exceed 185% of the federal poverty level.

Also, the qualified provider will ask you for financial information, such as:

- How much money does your family earn each month before any deductions are taken?
- Does anyone in your family have any unearned income, such as Veterans Benefits, Social Security, unemployment compensation, etc?

You will need to be as accurate as you can when providing income information to the qualified provider. If you are a minor living with your parents, your parent's income will not be included. If you are married, your spouse's income will need to be included.

Asset information is not required.

When Does Presumptive Eligibility for the Family Planning Waiver Begin?

Presumptive Eligibility for the FPW begins on the day you complete the Presumptive Eligibility for the FPW Application (HCF 10119) and a "qualified provider" determines that you meet the criteria above. The qualified provider will help you complete the application.

How Long will I Remain Presumptively Eligible for the Family Planning Waiver?

The period of presumptive eligibility coverage can be no longer than the end of the second month following the month you are found presumptively eligible. If you do not apply for the FPW program or Medicaid/BadgerCare with your local agency or outstation site, your presumptive eligibility ends on the last day of the second calendar month following the month in which you are determined presumptively eligible.

For example, Jane goes to the clinic and her provider determines that she is presumptively eligible for the FPW on March 10. If Jane does not file a Medicaid/BadgerCare application through her local county/tribal social or human services department, the presumptive eligibility ends on May 31st.

However, if you apply for the FPW program or Medicaid/BadgerCare with your county/tribal social or human services department, W-2 agency or Medicaid outstation site, before the end of the second month following the month you are found presumptively eligible, your presumptive eligibility ends after the agency has determined your on-going eligibility. An application for Medicaid, including the FPW, can be made by mail, telephone, or in person.

If you apply for the FPW program by the end of the FPW presumptive eligibility period, and you are found not eligible for Medicaid and the FPW, the FPW presumptive eligibility will end on the last day of the second month following the month in which you were determined presumptively eligible for the FPW.

For example, Jane applies for presumptive eligibility for the FPW on March 10th. Her presumptive eligibility will end on May 31st. Jane applies for Medicaid and the on-going FPW on April 2nd and is denied Medicaid and FPW. Jane's presumptive eligibility will end May 31st.

What Services are Covered Under the Family Planning Waiver?

If you are determined eligible for the FPW you will have coverage for family planning related services, some of which include:

- Initial family planning office visits
- Contraceptive services and supplies
- Natural family planning supplies
- Family planning pharmacy visits
- Pap tests
- Test and treatment for Sexually Transmitted Diseases (STD) and other lab tests
- Tubal ligation
- Annual and routine preventative primary care services

If I am Determined to be Presumptively Eligible for the Family Planning Waiver, How Will I Receive Services?

If you are determined to be presumptively eligible for the FPW, the qualified provider will give you a temporary paper ID card. This card shows that you have been determined presumptively eligible for the FPW. You should present your card to your family planning provider each time you receive services.

Within a short period of time after you get your temporary ID card, you will receive a plastic “Forward” card to use for FPW services. Use your “Forward” card once you receive it, instead of the paper ID card.

If you are determined to be ineligible for the FPW by the county/tribal social or human services department, the “Forward” card will be deactivated once your presumptive eligibility certification period ends. Remember to keep your “Forward” card for future use, in case you are found to be eligible for Medicaid at a later date. If you later apply for Medicaid/Badger Care, or the FPW and your application is approved, you will continue to use the same “Forward” card to access covered services.

For More Information Contact:

- Recipient Services at 1-800-362-3002 (TTY and translation services are available).
- Your local county/tribal social or human services department, W-2 agency, or Medicaid outstation site.

Information provided in this document is general. To find out more detailed information regarding Presumptive Eligibility for the Family Planning Waiver, please contact your local county/tribal social or human services department.

The Department of Health and Family Services (DHFS) is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternate format, or need it translated to another language, please contact (608) 266-3356 (voice) or (608) 266-2555 (TTY). All translation services are free of charge.

For civil rights questions call (608) 266-3465 (voice) or (608) 266-2555 (TTY).

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